

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Section 3.1-C

Page 6

☐ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative services.

☐ Premiums for private health care insurance coverage.

☒ Medical transportation.

☐ Enabling services (such as transportation, translation and outreach services).

☐ Any other health care services or items specified by the Secretary and not included under this section.

2. Additional benefits for voluntary opt-in populations:

☐ Home and community-based health care services.

☐ Nursing care services, including home visits for private duty nursing.

Attach a copy of the benchmark-equivalent plan(s) including benefits and any applicable limitations

3. ☒ The State assures full EPSDT services as defined under 1905(r) will be provided to individuals under 21 years old who are covered under the State Plan under section 1902(a)(10)(A).

☒ Through Benchmark only

☐ As an Additional benefit under section 1937 of the Act.

4. Additional Medically Necessary Services pursuant to EPSDT under section 1905

- a. ☒ The State assures that additional benefits will be provided for individuals under 21 who are covered under the State plan under section 1902(a)(10)(A) to ensure early and periodic screening, diagnostic and treatment services are provided when medically necessary. Additional benefits must be sufficient so that, in combination with the benchmark or benchmark-equivalent benefits package, these individuals receive the full EPSDT benefit, as medically necessary. Attach a description of the manner in which additional services will be provided to ensure early and period screening, diagnostic and treatment services are provided when medically necessary (as determined by the State).

See Attachment No 4.

- b. ☒ The State has elected to also provide additional benefits.

The State will provide medically necessary services under Section SSA 1905(a) of the Social Security Act.

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State: West Virginia

Section 3.1-C

Page 6a

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5. X The State assures transportation (emergency and non-emergency) for individuals enrolled in an alternative benefit plan. Please describe how and under which authority(s) transportation is assured for these beneficiaries See WV State Plan, Attachment 3.1-D, page 1.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Section 3.1 – Attachment 2

Page 1

West Virginia will offer BASIC and an ENHANCED plan to members. The BASIC plan provides all state and federal mandatory services. The ENHANCED plan offers additional medical services to members. In order to access the Enhanced Plan, Medicaid members must voluntarily sign the Medicaid Member Agreement (see attachment 3) and a Health Improvement Plan. The member will sign the agreement at the Medical Home.

The following responsibilities will be tracked:

1. Screenings as directed by their health care provider.
2. Adherence to health improvement plan as directed by their health care provider.
3. Medication compliance.

Successful compliance with these responsibilities will be monitored in partnership with the HMO/medical home.

Newly eligible individuals for the benchmark benefit will be initially enrolled in the BASIC plan. However, they will be provided a packet and the opportunity to choose a benefit plan, BASIC or ENHANCED. Upon their anniversary date individuals may choose a plan and if those in the Enhanced Plan do not choose to remain in the Enhanced Plan, they will be moved to the BASIC Plan.

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West Virginia Medicaid Redesign Benefit Packages

CHILDREN	
Basic Plan	Enhanced Plan
*Inpatient Services <ul style="list-style-type: none"> • Inpatient Hospital Care • Inpatient Hospital Rehabilitation • Inpatient Hospital Psychiatric Services 	*Inpatient Services <ul style="list-style-type: none"> • Inpatient Hospital Care • Inpatient Hospital Rehabilitation • Inpatient Hospital Psychiatric Services
Outpatient Services <ul style="list-style-type: none"> • *Diagnostic x-ray, laboratory services and testing • Birth to Three Services • *Occupational/Physical Therapy • *Speech Therapy • *Cardiac Rehabilitation • *Pulmonary Rehabilitation • *Chemical Dependency/Mental Health Services 	Outpatient Services <ul style="list-style-type: none"> • *Diagnostic x-ray, laboratory services and testing • Birth to Three Services • *Occupational/Physical Therapy • *Speech Therapy • *Cardiac Rehabilitation • *Pulmonary Rehabilitation • *Chemical Dependency/Mental Health Services • Weight Management
Physician/NP/MW Services/RHC/FQHC <ul style="list-style-type: none"> • Primary Care Office Visits • Physician Office Visits • *Specialty Care • *Podiatry • Diabetes Education/Nutritional Counseling • Well Child Visits 	Physician/NP/MW Services/RHC/FQHC <ul style="list-style-type: none"> • Primary Care Office Visits • Physician Office Visits • *Specialty Care • *Podiatry • Diabetes Education/Nutritional Counseling • Well Child Visits
Home Health (prior authorization after 60 units)***	Home Health (prior authorization after 60 units)***
DME **	DME **
• Orthotics and Prosthetics **	• Orthotics and Prosthetics **
EPSDT	EPSDT
Family Planning Services and Supplies	Family Planning Services and Supplies
NEMT	NEMT
*Hospice	*Hospice
Ambulance	Ambulance
Prescriptions	Prescriptions
Vision	Vision
Limited 1 frame/yr***	*Contact Lenses Limited 1 frame/yr***
Dental**	Dental**
* Orthodontics	*Orthodontics
Hearing	Hearing
1 hearing aid/5 yrs***	1 hearing aid/ 5yrs***
Tobacco Cessation	Tobacco Cessation
* Skilled Nursing Care	* Skilled Nursing Care
	Nutritional Education

*Prior authorization for medical necessity only.

** Prior authorization for medical necessity, are subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms

*** Prior authorization based on medical necessity to exceed limits

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West Virginia Medicaid Redesign Benefit Packages

ADULTS	
Basic Plan	Enhanced Plan
*Inpatient Services <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Psychiatric Services 	*Inpatient Services <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Psychiatric Services
Outpatient Services <ul style="list-style-type: none"> *Diagnostic x-ray, laboratory services and testing *Occupational Therapy *Physical Therapy *Speech Therapy Dental Services (Emergent Treatment) 	Outpatient Services <ul style="list-style-type: none"> *Diagnostic x-ray, laboratory services and testing *Occupational Therapy *Physical Therapy *Speech Therapy Dental Services (Emergent Treatment) Weight Management *Cardiac Rehabilitation *Pulmonary Rehabilitation
Physician/NP/MW Services RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits *Specialty Care 	Physician/NP/MW Services RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits *Specialty Care *Podiatry Diabetes education/nutritional counseling
Home Health (prior authorization, after 60 units)***	Home Health (prior authorization after 60 units)***
DME (limited \$1000 per year with prior authorization if exceeded) *** <ul style="list-style-type: none"> Orthotics and Prosthetics** 	DME ** <ul style="list-style-type: none"> Orthotics and Prosthetics**
*Nursing Home Services	*Nursing Home Services
Family Planning Services and Supplies	Family Planning Services and Supplies
NEMT	NEMT
*Hospice	*Hospice
Ambulance	Ambulance
Prescriptions (limited to 4 per month) ***	Prescriptions
	Chiropractic Services ***
	Tobacco Cessation Program
*Chemical Dependency/Mental Health Services	*Chemical Dependency/Mental Health Services
	Nutritional Education

*Prior authorization for medical necessity only

** Prior authorization for medical necessity, subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms

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